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United Nations Population Fund

Country programme document for Zambia

Proposed indicative UNFPA assistance: $36.8 million: $17.7 million from regular resources and $19.1 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Eighth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	8.6	11.1	19.7
Outcome 2	Adolescents and youth	4.9	3.6	8.5
Outcome 4	Population dynamics	2.8	4.4	7.2
Programme coordination and assistance		1.4	–	1.4
Total		17.7	19.1	36.8

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Please recycle

I. Situation analysis

1. The Republic of Zambia comprises 10 provinces and 105 districts. The 2014 population is projected at 15 million, with young people aged 10-24 years representing 34.4 per cent and women aged 15-49 years representing 51 per cent of the population. With an annual growth rate of 2.8 per cent and a 2013 total fertility rate of 5.3, the population is projected to reach 49 million by 2050.

2. Zambia is lower-middle-income country; its gross domestic product has averaged about 7 per cent for the past five years. However, a 2015 poverty report estimates 60 per cent of Zambians live below the poverty line, with extreme poverty levels of 42 per cent in rural areas and over 60 per cent for female-headed households. Zambia has a 2014 Gini coefficient of 0.65, illustrating high levels of inequality.

3. The maternal mortality ratio is high, despite a decline from 591 deaths per 100,000 live births in 2007 to 398 per 100,000 live births in 2013. Though skilled birth attendance increased, from 47 per cent to 64 per cent, and institutional delivery increased to 67 per cent over that period, both indices remain below national targets of 80 per cent. Despite improvement in the modern contraceptive prevalence rate, from 33 per cent in 2007 to 45 per cent in 2013, unmet family planning needs remain significant, at 21 per cent. Complications during pregnancy account for 60 per cent of maternal deaths, with HIV-related maternal deaths accounting for 15.4 per cent. Health system performance reveals an unequitable distribution of skilled human resources for health, weak capacities for emergency obstetric care and stock-outs of reproductive health commodities in rural and underserved areas. Poorly resourced community support systems and limited male involvement also contribute to inequitable access and utilization of sexual reproductive health information and services.

4. Despite a slight decline since 2013, HIV prevalence remains high, at 13.3 per cent (11.3 per cent in male and 15.1 per cent in female populations). Comprehensive knowledge of HIV is low (42 per cent), as is condom use (29.7 per cent among women and 27.4 per cent among men aged 15-49 years). These are a result of policy and programme barriers that limit equitable access to information and services in rural and underserved areas. This is important, as most HIV infections in the country are sexually transmitted or associated with pregnancy, childbirth or breastfeeding. Drivers of HIV transmission equally lead to sexually transmitted infections and unintended pregnancies, and include high levels of transactional sex, multiple sexual partners and sexual gender-based violence (17 per cent among women and girls aged 15-49 years).

5. Limited coverage of rights-based comprehensive sexuality education for in-school and out-of-school youth, amid strong social norms and cultural practices, contributes to high levels of teenage pregnancy (29 per cent), which accounts for 58 per cent of school drop-outs. Despite implementation of a school re-entry programme for pregnant girls, less than half return after delivery. Some 45 per cent of girls aged 25-49 years were married by age 18 and 65 per cent by age 20. In-depth analysis of the 2010 census and the 2013-2014 demographic and health survey indicates that the girls most vulnerable to teenage pregnancy and child marriage have low levels of education and belong to households in the lowest wealth quintile.

6. Some 41 districts and about 113,000 households in Zambia are adversely affected by floods, cutting them off from road networks and health facilities, thereby limiting equitable access to integrated HIV, gender-based violence and sexual reproductive health information and services. Annual humanitarian preparedness planning and pre-positioning of reproductive health and dignity kits continue to play a critical role in saving the lives of vulnerable women and young people.

7. National laws, policies and strategic frameworks recognize the progressive realization of the right to health; to decide on the number of children and timing and spacing of births; to education and information; and to gender equality and freedom from all forms of violence and

discrimination. However, gaps exist in effective and efficient implementation of priority interventions required to actualize the targets in the revised sixth national development plan, Vision 2030.

8. Zambia's national statistical system, though improving in its institutional capacity to generate and analyse disaggregated data, requires improved capacities at provincial and district levels to generate timely disaggregated data by geographic location, sex, wealth quintile and age groups. Further use of disaggregated data in the design of plans, strategies and targeted interventions at national, provincial and district levels is required to address the socioeconomic disparities in the country.

II. Past cooperation and lessons learned

9. The seventh country programme (2011-2015) supported interventions at national level and in six provinces. In reproductive health and rights, the programme, in collaboration with 16 national institutions, contributed to (a) 50 per cent increase in utilization of antenatal care, skilled birth attendance and emergency obstetric care in 14 supported districts; achieved through improved capacities of over 1,900 health-care providers in quality of care and service protocols. These comprised doctors, midwives, nurses, safe motherhood action groups and community-based health workers; (b) improved midwifery workforce capacity through curricula reviews, new university-level certificate and mentoring programmes; (c) improved geographical access to high-quality and timely maternal health services by upgrading and equipping nine maternity waiting homes and delivery rooms in 14 districts, including in flood prone areas; (d) repairs of 1,786 fistula clients by skilled and equipped fistula surgeons and nurses; (e) an average of 914,049 couple years of protection per year through procurement of over 50 per cent of public-sector contraceptive needs and improved logistics and supply chain management; and (f) over 10,000 young men and women reached with HIV-prevention information and services, prioritized through the Condomize! campaigns. However, there is need to scale up quality interventions to rural and underserved areas, empower women and young people to utilize services, and secure increased allocation of domestic resources to meet programme needs. To address multiple interlinked drivers of weak sexual reproductive health outcomes, there is need to strengthen integrated HIV, gender-based violence and sexual reproductive health programmes.

10. In gender equality, the programme contributed to: (a) enabling legislative actions, including enactment of an anti-gender-based violence bill, revision of the Marriage Act, which increased the age of marriage to 18 years and the amendment of the draft constitution to reflect reproductive rights dimensions; (b) establishment of a multisectoral coalition on ending child marriage with over 10 traditional leaders serving as champions leading community-based interventions; (c) mainstreaming gender components in the delivery of integrated sexual reproductive health information and services, through the development of national guidelines and improved capacities of health-care workers; and (d) incorporation of gender-sensitive information in the comprehensive sexuality education curricula taught in grades 5, 8 and 10 in all schools. However, non-inclusion of rights-based sexual reproductive health components in the in-school curricula for grade levels 5 to 12, and draft out-of-school curricula limits availability of appropriate information to adolescents. A coordinated multisectoral national framework to guide intensified policy and programme actions is critical to change the trends of teenage of pregnancy and child marriage.

11. In population and development, the programme contributed to (a) improved availability of disaggregated data to inform policy, plans and programmes through improved capacity of the Central Statistical Office to undertake in-depth analysis of the 2010 census and conduct the 2013 demographic and health survey; (b) incorporation of population dynamics into national development plans achieved through capacity-building and the demographic dividend study; (c) national assessment on emergency obstetric care, fistula tracking study and reproductive

health commodity security survey, as well as a rites-of-passage study on cultural practices to generate policy and programme relevant evidence; and (d) evidence-based advocacy, engaging 20 high-profile family planning champions, the national youth network on population and development, and the Zambia All Party Parliamentarian Group on Population and Development. The capacity of the provincial and district data management systems to generate, analyse and use disaggregated data remains weak and needs to be strengthened to guide targeted programming for marginalized and vulnerable population groups, including for humanitarian preparedness and response.

12. Lessons learned from the United Nations Development Assistance Framework evaluation include: (a) the need for strengthened and coordinated multisectoral partnerships with state and non-state actors at all levels to address socioeconomic drivers of the high rates of teenage pregnancy, child marriage and total fertility rate in a sustainable manner; (b) the importance of mainstreaming gender and HIV as cross-cutting components of sexual reproductive health to yield greater programme results considering the correlation between HIV transmission, gender inequality and poor sexual reproductive health outcomes.

III. Proposed programme

13. The eighth country programme is guided by analytical studies and assessments, and benefited from multisectoral consultations with the Government, civil society organizations, academia, the private sector, young people and United Nations organizations. It is aligned with the revised sixth national development plan, Vision 2030, the United Nations Sustainable Development Partnership Framework, 2016–2021, and the UNFPA Strategic Plan, 2014–2017.

14. The proposed programme is results-focused and builds on the experiences of a targeted geographic focus. It will support national-level policies, programme design and nationwide interventions, while providing targeted support to marginalized population groups, and underserved districts in six provinces to ensure continuity and significant programme coverage.

A. Outcome 1: Sexual and reproductive health

15. Output 1: National, provincial and district institutions have increased capacity to deliver gender-sensitive sexual and reproductive health and HIV services. Programme interventions will include (a) capacity development for health-care providers on effective planning, delivery and monitoring of high-quality emergency obstetric and neonatal care services, including post-abortion care, as well as maternal death surveillance and response, in line with international standards and guidelines; (b) evidence-based advocacy and technical support for the establishment of accountability frameworks to monitor quality midwifery production, deployment and retention, especially in underserved areas; (c) institutionalization of routine fistula case identification, treatment and linkages to social reintegration programmes, in line with international standards; (d) rollout of sexual reproductive health and HIV linkages service models at health facility levels, alongside health sector response for gender-based violence; (e) support for design and delivery of the Minimum Initial Service Package in humanitarian settings within the national contingency plan; (f) promotion of evidence-based and innovative demand-creation interventions that address social norms and cultural practices limiting equitable access to sexual reproductive health and HIV services; and (g) support multisectoral coordination mechanisms at national and provincial levels that advance sexual reproductive health issues.

16. Output 2: National, provincial and district institutions have the capacity to increase demand for and improve supply of life-saving reproductive health commodities and medicines, including modern contraceptives. Guided by reproductive health commodity security programmes, including the eight-year national family planning scale-up plan and comprehensive condom programming, interventions will include (a) evidence-based advocacy to increase domestic funding for public sector procurement needs for modern contraceptives

and life-saving maternal health medicines, while meeting procurement shortfalls; (b) capacity development for evidence-based forecasting, quantification, logistics and supply chain management systems, including last-mile distribution from national to health facility levels; and (c) support innovations and documentation of success factors that improve delivery of gender-sensitive family planning services, including male and female condoms, within marginalized and key populations.

B. Outcome 2: Adolescents and youth

17. Output 1: Increased capacities of national, provincial and district institutions to design, implement and monitor comprehensive sexuality education programmes that promote human rights and gender equality. This will be achieved through (a) targeted capacity development of provincial and district-level staff to strengthen innovative out-of-school programmes that scale up equitable access to high-quality, youth-friendly and gender-sensitive sexual reproductive health information and services, including HIV prevention; (b) review of in-school comprehensive sexuality education curricula to ensure incorporation and delivery of gender-sensitive sexual reproductive health components through school grades 5 to 12; and (c) support to national and provincial level policy coherence and multisectoral coordination mechanisms for youth health and development programmes.

18. Output 2: Increased capacity of national, provincial and district institutions to design and implement comprehensive programmes for marginalized adolescent girls, including safe spaces, for those at risk of child marriage. In collaboration with policymakers, parliamentarians, civil society, development partners and community leaders, interventions will include (a) implementation and monitoring of national strategies and community-based programmes, such as child marriage free zones and effective community support systems with active male involvement, aimed at ending child marriages, addressing teenage pregnancy and ending sexual gender-based violence, (b) fostering strategic partnerships to build social and economic assets of women and adolescent girls through safe spaces; and (c) design of accountability mechanisms that enforce legislative and policy actions on the legal age of marriage and improve access to sexual reproductive health services.

C. Outcome 4: Population dynamics

19. Output 1: Increased availability of disaggregated evidence through cutting-edge data generation and in-depth analysis of population dynamics, sexual and reproductive health, HIV, and gender-equality outcomes. The output will be achieved through (a) capacity development of national, provincial and district-level institutions to undertake data generation, in-depth analysis and utilization of disaggregated data by age, sex, wealth quintile and geographic location, to inform national development processes, including humanitarian preparedness and response; (b) evidence-based advocacy for integration of population variables in the seventh national development plan and sector policies, programmes, budgets and expenditure frameworks; and (c) empowering women and young people to engage in policy dialogues on the rights of women and young people in national development processes.

IV. Programme management, monitoring and evaluation

20. The Ministry of Finance and UNFPA will coordinate the programme. Line government ministries and non-governmental institutions with relevant capacities will be selected to implement the programme using the national execution and United Nations 'delivering as one' modalities. Communication, strategic partnerships and resource mobilization plans will also be implemented. Using a results-based management approach, UNFPA and the Government will implement a monitoring and evaluation plan that includes generation and documentation of policy- and programme-relevant information and data. Operational research and innovation will be core elements of the programme.

21. The Government will be responsible for the safety and security of UNFPA staff and offices. In the event of an emergency, UNFPA, in consultation with the United Nations system and the Government, will ensure the continuity of life-saving sexual reproductive health interventions. The office will implement a human resource capacity plan to ensure effective programme delivery. The country office comprises of staff funded through UNFPA institutional budget and non-core resources. UNFPA may allocate programme resources for additional staff to strengthen effective programme delivery. Through South-South cooperation, the country office will seek technical assistance from other country offices, the regional and headquarter offices of UNFPA.

RESULTS AND RESOURCES FRAMEWORK FOR ZAMBIA (2016-2020)

National priority: To become a prosperous middle-income country by enhancing human development and investing in social sectors
United Nations Sustainable Development Partnership Framework (UNSDPF) outcomes: By 2021, the Government of Zambia and partners deliver equitable, inclusive, quality and integrated basic social services; marginalized and vulnerable populations demand and utilize quality and integrated basic social services; and all communities practice sustained positive behaviour

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Contraceptive prevalence rate for modern methods *Baseline: 45; Target: 58* • Unmet need for family planning *Baseline: 21; Target: 14* • Percentage of births attended by skilled health personnel *Baseline: 64; Target 75* • Proportion of women and men with more than two partners in last 12 months reporting condom use *Baseline: 29.7 women and 27.4 for men; Target: 50 for both women and men* • Percentage of young people aged 15-19 years counselled and tested for HIV and received results *Baseline: 28 male and 47 female; Target: 65 male and 85 female*	Output 1: National, provincial and district institutions have increased capacity to deliver gender-sensitive sexual reproductive health and HIV services	• Number of national guidelines with quality of care protocols available for the provision and monitoring of integrated sexual reproductive and HIV services *Baseline: 9; Target: 12* • Number of health facilities providing quality emergency obstetric care services in supported provinces *Baseline: 250; Target: 400* • Percentage of health-care providers with capacity to deliver quality, gender-sensitive sexual reproductive and HIV services in supported provinces *Baseline: 58; Target: 90* • Number of fistula repair surgeries conducted in supported provinces *Baseline: 1,786; Target: 3,800*	Ministries of Health; Community Development; Mother and Child Health; provincial medical offices; National AIDS Council; Central Statistical Office; civil society organizations; private sector; academia	$19.7 million ($8.6 million from regular resources and $11.1 million from other resources)
	Output 2: National, provincial and district institutions have capacity to increase demand for and improve supply of life-saving reproductive health commodities and medicines, including modern contraceptives	• Number of public health facilities with at least seven life-saving reproductive health medicines and commodities in supported provinces *Baseline: 150; Target: 350* • Number of male and female condoms procured and distributed per year *Baseline: 34 million male and 1 million female; Target: 61.4 million male and 2.6 million female* • Number of health-care providers with capacity to deliver a method mix of family planning services in supported provinces *Baseline: 500; Target: 1,000* • Number of new acceptors of modern contraceptives per year in supported provinces *Baseline: 500; Target: 750*		
National priority: To become a prosperous middle-income country by enhancing human development and investing in social sectors **UNSDPF outcomes**: By 2021, the Government of Zambia and partners deliver equitable, inclusive, quality and integrated basic social services; marginalized and vulnerable populations demand and utilize quality and integrated basic social services; and all communities practice sustained positive behaviour				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent	Output 1: Increased capacity of national, provincial and district institutions to design,	• Number of national laws and policies that promote access to gender-sensitive and rights-based adolescent sexual reproductive health	Ministries of Education; Youth and	$8.5 million ($4.9 million from regular

girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicators: • Proportion of provinces implementing rights-based, comprehensive sexuality education programmes for in-and-out of school youth *Baseline: 0; Target: 3* • Proportion of provinces denouncing ending child marriage practices *Baseline: 4; Target: 8*	implement and monitor comprehensive sexuality education programmes that promote human rights and gender equality	information and services *Baseline: 0; Target: 2* • Number of provinces with capacity to deliver quality youth-friendly health services that are aligned with international standards *Baseline: 5; Target: 10*	Sport; Community Development; Gender and Child Development; Chiefs and Traditional Affairs; Mother and Child Health; Curriculum Development Centre Directorate; Central Statistical Office; civil society organizations, the private sector; academia	resources and $3.6 million from other resources)
	Output 2: Increased capacity of national, provincial and district institutions to design and implement comprehensive programmes for marginalized adolescent girls including safe spaces for those at risk of child marriage	• Number of community-based organizations with capacity to design and implement safe spaces programmes for marginalized adolescents *Baseline: 4; Target: 20* • Number of community leaders leading community-based social and economic assets-building programmes to reach girls at the risk of child marriage *Baseline: 20; Target: 50*		
UNSDPF Outcomes: By 2021, national statistical systems generate and disseminate disaggregated evidence for national development processes; national institutions at all levels target, manage, coordinate and account for resources for equitable service delivery and economic growth that is based on reliable data; Zambia promotes equitable and effective participation in national and democratic processes, especially by women, youth and marginalized groups				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Proportion of national statistcal publications with disaggregated data on sexual reproductive health by age, sex and wealth quintiles *Baseline: 3; Target: 6* • Number of national development plans and sector policies incorporating population dynamics *Baseline: 6; Target: 10*	Output 1: Increased availability of disaggregated evidence through cutting-edge data generation and in-depth analysis of population dynamics, sexual and reproductive health, HIV and gender equality outcomes	• Number of provinces with capacity to collect, analyse and use disaggregated data to inform plans, policies and programmes *Baseline: 0; Target: 6* • Number of monographs and in-depth analysis reports generated with disaggregated data sets for sexual reproductive health, including in humanitarian preparedness and response *Baseline: 5; Target: 15*	Central Statistical Office; Ministry of Finance; Provincial Planning Units; academia	$7.2 million ($2.8 million from regular resources and $4.4 million from other resources) Programme coordination and assistance $1.4 million from regular resources